

### CITY OF HOUSTON

Administration & Regulatory Affairs
Department

Annise D. Parker

Mayor

Tina Paez Director Administration & Regulatory Affairs Department P.O. Box 1561 Houston, Texas 77251-1562

T. 832.394.8803 F. 832.395.9632 www.houstontx.gov

## FINGERPRINT APPLICATION SERVICES OF TEXAS, F.A.S.T.

Fingerprint services for the permits and license requiring fingerprints through the Administration & Regulatory Affairs Department are conducted through the state of Texas. The Department of Public Safety has entered into an exclusive contract with MorphoTrust USA to provided statewide electronic fingerprints. The goal of the Fingerprint Applicant Services of Texas (F.A.S.T.) program is to provide convenient applicant fingerprinting services throughout the state of Texas. Appointments are available by scheduling online at <a href="www.identogo.com">www.identogo.com</a> or by calling 1-888-467-2080. The cost of this service is \$41.45 for the State and National Criminal History Record Information. You may pay for F.A.S.T. service online with a credit card or onsite with a check or money order. Cash is NOT accepted!

#### Here is how to get started:

- 1) You must obtain a FAST Pass from the Administration and Regulatory Affairs Department, Commercial Permitting and Transportation Sections. This pass will contain all the necessary instructions and information to schedule your fingerprint appointment.
- 2) You will need to schedule an appointment by logging onto the MorphoTrust USA website, <a href="https://www.identogo.com">www.identogo.com</a> or by calling 1-888-467-2080.
  - a. If you are scheduling by phone, please request an "Electronic Fingerprint Submission" appointment.
  - b. When scheduling an appointment you will be prompted for the following additional personal data:
    - i. Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color Hair Color, Place of Birth and Home Address.
    - ii. Requested data is required by the Texas Department of Public Safety to process your background check.
- 3) Please complete the necessary fields on the FAST Pass, bring your completed pass and valid State Issued Identification.
  - a. During your fingerprint appointment you will be prompted for Social Security Number and Driver License Number.
  - b. You are also required to have your photograph taken at the time of your appointment.
  - c. Requested data is required by the Texas Department of Public Safety to process your background check.
- 4) Once you have completed your appointment you will be provided with a signed receipt which includes your Tracking Control Number (TCN), please retain this receipt for your records.
- 5) Your fingerprints, demographic information, and photograph will be sent to the Department of Public Safety and the Federal Bureau of Investigation for processing. Criminal History Record Information based upon your submission will be provided to the requesting agency.

If you have any questions regarding the F.A.S.T. processes, please feel free to contact the Fingerprint Services Unit at <a href="mailto:fingerprint.service@dps.texas.gov">fingerprint.service@dps.texas.gov</a> or 512-424-2365, Option 6.



#### **REGULATORY LICENSING - ARA**

#### City of Houston

This document is your FAST Fingerprint Pass for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting http://www.identogo.com or by calling 1-888-467-2080. When scheduling an appointment you will be prompted by IdentoGO for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is required by the Texas Department of Public Safety to process your background check. These data elements have been omitted from this document in order to better protect the security of your

personal information. You may pay for FAST services online with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

- Logon to http://www.identogo.com
- 2. Select: Texas
- Select: Online Scheduling 3.
- Select: English or Espanol
- Enter: First and Last Name

- Select: Option A Electronic Submission
- Select: Yes, I have a FAST Fingerprint Pass
- Enter: TX923608Z
- 10. Enter: Application ID, HL ARA

Section One: Qualified Entity Information  ORI#: TX923508Z	6. Select: All Ot	ners		11. 12.	Follow the prompts to enter requested information.  Bring this completed form with you to your appointment.
Agency/Entity/Organization Name: _City of Houston Regulatory Licensing (ARA)	Section One: Qualified	Entity Information			, and a position.
Last: First: Please print)	ORI#: <u>TX923608Z</u>	Application ID: HL -	ARA	Original TCN:	(If resubmission for rejected fingerprints)
Last:				ing (ARA)	
Section Three: Waiver Information (To be completed and signed by applicant)  I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Put Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designant Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-base Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or a submitted information to the PIBI for the purpose of compari a submitted information to available records in order to identify other information in that may be pertinent to the application. I authorize the FBI to disciplinate of the processing of this application and for a soing hereafter as may be relevant to the activity for collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and ye considered the processing of this application and for against other submissions received by the FBI and yer circles are all such data will be subject to comparisons against other submissions received by the FBI and yer circles are all such data will be subject to comparisons against other submissions received by the FBI and yer circles are all such data will be subject to comparisons against other submissions received by the FBI as may be authorized under the Federal Privacy Act (SUSC 5524(b)). I understand I am entitled to obtain a construction of the FBI as may be authorized under the Federal Privacy Act (SUSC 5524(b)). I understand I am entitled to obtain a construction of the FBI as may be authorized under the FBI record response, you may contact the agency that submitted the formation to the FBI as a privacy and the					
Section Three: Walver Information (To be completed and signed by applicant)  I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Put Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designant Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-base Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or I authorize the Texas Department of Public Safety to submit my fingerprints and other applicable to the Fig. for the purpose of compari submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to discipate of the processing of this application and for as long hereafter as may be relevant to the activity for collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI amplication is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent for further disseminations by the FBI as may be authorized under the Federal Privacy Act (SUSC 5524(b)). I understand I am entitled to obtain a construction of the FBI as may be authorized under the Federal Privacy Act (SUSC 5524(b)). I understand I am entitled to obtain a construction of the FBI as may be authorized under the Federal Privacy Act (SUSC 5524(b)). I understand I am entitled to obtain a construction of the FBI as may be authorized under the Federal Privacy Act (SUSC 5524(b)). I understand I am entitled to obtain a construction of the FBI as may be authorized under the FBI record response, you may contact the agency that submitted the formation to the FBI as Criminal Just	Last:		First:		Middle
Section Three: Walver Information (To be completed and signed by applicant)  I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Put Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designate Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-base Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or a lauthorize that Texas Department of Public Safety to submit my fingerprints and other application information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disciplination of the properties of the properties of the properties and other application information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for institution is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanen collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI as may be authorized under the Federal Privacy Act (SUSC 552a(b)). I understand I am entitled to obtain a co cannot be accurated and challenge the accuracy and completeness of the information before a final determination is made by the Qual and contribution of the properties of the propert			(	rint)	(Please print)
I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Pul Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designate Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-base Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or a uthorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparison with the comparison available records in order to identify other information that may be pertinent to the pulpication. I authorize the FBI to disciplination in a variable records in order to identify other information to the application. I authorize the FBI to disciplination is being submitted. I understand that the FBI may also retain my fingerprints and order applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI or full final properties of further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a control of finite properties of the fBI and properties of the information before a final determination is made by the Qual entitle. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record response, you may contact the agency that submitted the information is made by the Qual entitle of the fBI of the	Section Three: Waiver In	formation (To be comple	eted and signed by a	pplicant)	
Section Four: Service Center Information (To be completed by FAST Enrollment Agent)  Date Prints Taken Amount Charged For Service: _\$41.45  Paid by:	cotentially pertinent inform his application is being su collection of fingerprints ar o further disseminations b any criminal history record furtify. I also understand the heck is completed. If a ne hay send a written challen aroup, 1000 Custer Hollow	ation to the DPS during the bmitted. I understand that id related information, whey the FBI as may be author check and challenge the ane Qualified Entity may derived arises to challenge the ge request to the FBI's Crisi Road, Clarksburg, WV 26	the processing of this ap the FBI may also reta re all such data will be rized under the Federa accuracy and complete my me access to childre FBI record response, minal Justice Informati 306.	poplication and for a pin my fingerprints a subject to compa al Privacy Act (5U mess of the inform en, the elderly, or you may contact ion Services (CJIS	pertinent to the application. I authorize the FBI to disclose as long hereafter as may be relevant to the activity for whice and other applicant information in the FBI's permanent arisons against other submissions received by the FBI and ISC 552a(b)). I understand I am entitled to obtain a copy of mation before a final determination is made by the Qualified individuals with disabilities until the criminal history record
Section Four: Service Center Information (To be completed by FAST Enrollment Agent)  ate Prints Taken Amount Charged For Service: _\$41.45  aid by:	ignature:			[	Oate:
Amount Charged For Service: _\$41.45  aid by:	ection Four: Service Cer	nter information (To be co	ompleted by FAST Er	nrollment Agent	
I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BE DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.					
I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BE DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.	aid by: ☐ Check ☐ Mo	ney Order □ Visa □ N	MasterCard □ Billing	Acct	
THE SAME PERSON.	ON:				
A. Name: E.A. Signature:	I HAVE COMPARE DETERMINATION;	D THE GOVERNMENT-IS I HAVE FINGERPRINTED	SUED IDENTIFICATION THE SAME PERSON	ON PRESENTED N.	BY THE APPLICANT AND ATTEST THAT TO MY BEST
	A. Name:		E.	A. Signature:	

Revised 06/13

# DPS Computerized Criminal History (CCH) Verification (Agency Copy)

\_\_, have been notified that a Computerized Criminal

(-22.02.1)	
History (CCH) verification check will be perf Secure Website and will be based on name and	formed by accessing the Texas Department of Public Safety d DOB identifiers I supply.
true identification to criminal history, the background screening is not allowed to discuss	exact search and only fingerprint record searches represent organization conducting the criminal history check for any criminal history record information obtained using the y may request that I have a fingerprint search performed to of the name and DOB search.
analysis through the Texas Department of F System). I have been made aware that in order MorphoTrust USA, submit a full and complete agency listed below, and pay a fee of \$41.45 to Once this process is completed and the agen	red to submit a full and complete set of my fingerprints for tublic Safety AFIS (Automated Fingerprint Identification to complete this process I must make an appointment with set eset of my fingerprints, request a copy be sent to the the fingerprinting services company, MorphoTrust USA.
fingerprint criminal history records may be disc	cussed with me.
(This copy must remain on file by y	our agency. Required for future DPS Audits.)
Signature of Applicant or Employee	Please: Check and Initial each Applicable Space
	CCH Report Printed:
Date	YESNOInitial
COH Regulatory Permitting - ARA	Purpose of CCH:
Agency Name (Please Print)	
	HireNot HireInitial
Agency Representative Name (Please Print)	Date Printed:
	Initial
	Destroyed Date:
Signature of Agency Representative	Initial
Date	Retain in your files.